

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1634 OF 4710

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MR. FRANK DAVIES**

Mailing Address 201 ROYAL ABERDEEN WAY

City	State	Zip Code
MCKINNEY	TX	75070-6791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : 2015M09L11AI04539**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. ROBERTO R. DAVILA**

Mailing Address 405 TAILOR STREET

City	State	Zip Code
NEW MARKET	MD	21774-6527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

**Transaction ID : 2015M09L11AI04540**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR. CARL A. DAVIS**

Mailing Address 6008 FAIRWAY DRIVE

City	State	Zip Code
RIDGE MANOR	FL	33523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

**Transaction ID : 2015M09L11AI04541**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1120.00